

Instructions to the Applicant

- The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **Volunteer**.
- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use the last page of this form (page 30) and identify the additional information by the question number.

Disqualification

There are very few **automatic** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they attempt to deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: You are responsible for providing complete, accurate and truthful responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act and the California Fair Employment and Housing Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

I have read and understand the above instructions:

Signature: _____ **Date:** _____

PERSONAL HISTORY STATEMENT – Fresno Police Department
Volunteer Packet: Citizens on Patrol and Volunteers in Police Service (VIPS)
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SECTION 1: PERSONAL

1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. DOES THE ABOVE APPEAR ON YOUR BIRTH CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		3. OTHER NAMES, INCLUDING NICKNAMES YOU HAVE USED OR BEEN KNOWN BY:	
3. ADDRESS WHERE YOU RESIDE			
NUMBER / STREET		APT / UNIT	
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. ARE YOU LEGALLY AUTHORIZED FOR PERMANENT EMPLOYMENT IN THE UNITED STATES?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, EXPLAIN FULLY:			
8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		9. BIRTHDATE	10. SOCIAL SECURITY NUMBER — —
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP DATE	HEIGHT WEIGHT HAIR COLOR EYE COLOR

SECTION 2: RELATIVES AND REFERENCES

13. IMMEDIATE FAMILY
- PROVIDE ALL APPLICABLE INFORMATION IN THE SPACES BELOW.
 - MARK "N/A" IF A CATEGORY IS NOT APPLICABLE OR IF THE INDIVIDUAL IS DECEASED.
 - IF MORE SPACE IS NEEDED, CONTINUE YOUR RESPONSE ON PAGE 30.

<input type="checkbox"/> N/A A. FATHER					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A B. STEP-FATHER					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A C. MOTHER					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

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SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A D. STEP-MOTHER					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A E. SPOUSE / REGISTERED DOMESTIC PARTNER					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEARS OF MARRIAGE	IS THERE, OR HAS THERE BEEN, A RESTRAINING OR STAY-AWAY ORDER IN EFFECT FOR THIS INDIVIDUAL? <input type="checkbox"/> YES <input type="checkbox"/> NO				

<input type="checkbox"/> N/A F. FATHER-IN-LAW					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET)		(CITY)	(STATE / ZIP)
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A G. MOTHER-IN-LAW					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A H. FORMER SPOUSE(S) / FORMER REGISTERED DOMESTIC PARTNER(S)					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION	IS THERE, OR HAS THERE BEEN, A RESTRAINING OR STAY-AWAY ORDER IN EFFECT FOR THIS INDIVIDUAL? <input type="checkbox"/> YES <input type="checkbox"/> NO				

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION	IS THERE, OR HAS THERE BEEN, A RESTRAINING OR STAY-AWAY ORDER IN EFFECT FOR THIS INDIVIDUAL? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

☐ N/A **I. BROTHERS AND SISTERS – LIST ALL LIVING SIBLINGS, INCLUDING HALF-SIBLINGS, STEP-SIBLINGS, FOSTER SIBLINGS, ETC.**

1) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
3) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
4) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
5) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
6) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			

☐ N/A **J. CHILDREN**

LIST ALL OF YOUR LIVING CHILDREN, INCLUDING NATURAL, ADOPTED, STEP, AND/OR FOSTER CARE. INCLUDE ANY OTHER CHILDREN WHO RESIDE WITH YOU. PROVIDE THE NAME AND CONTACT INFORMATION OF THE CUSTODIAL PARENT OR GUARDIAN, IF OTHER THAN YOU.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER ()		EMAIL	
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER ()		EMAIL	

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SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY (SECTION J. CHILDREN) *continued*

3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER ()		EMAIL	
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER ()		EMAIL	
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER ()		EMAIL	
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER ()		EMAIL	

14. REFERENCES

LIST 5–7 PEOPLE WHO KNOW YOU WELL, SUCH AS SOCIAL AND FAMILY FRIENDS, CO-WORKERS, MILITARY ACQUAINTANCES. DO NOT INCLUDE RELATIVES, EMPLOYERS OR HOUSEMATES, OR OTHER INDIVIDUALS LISTED ELSEWHERE.

A) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()		EMAIL	
	HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?
B) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()		EMAIL	
	HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?
C) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()		EMAIL	
	HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?

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SECTION 2: RELATIVES AND REFERENCES *continued*

D) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
		HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY
		WORK PHONE ()		CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
		HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY
		WORK PHONE ()		CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
		HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY
		WORK PHONE ()		CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
G) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
		HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY
		WORK PHONE ()		CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

15. WILL ANYONE SAY YOU ARE NOT LOYAL TO THE UNITED STATES OF AMERICA? ☐ YES ☐ NO

SECTION 3: EDUCATION

NOTE: YOU MAY BE REQUIRED TO FURNISH TRANSCRIPTS OR OTHER PROOF TO SUPPORT ALL OF YOUR EDUCATIONAL CLAIMS.

16. DO YOU HAVE A HIGH SCHOOL DIPLOMA, GED, OR CALIFORNIA HIGH SCHOOL PROFICIENCY CERTIFICATE? ☐ YES ☐ NO

17. LIST HIGH SCHOOLS ATTENDED:

A) NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
		CITY	STATE	
B) NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
		CITY	STATE	

18. LIST ALL COLLEGES OR UNIVERSITIES ATTENDED:

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED	GPA
			CITY	STATE	

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SECTION 3: EDUCATION *continued*

18. LIST ALL COLLEGES OR UNIVERSITIES ATTENDED *CONTINUED*

B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED	GPA
	CITY			STATE	
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED	GPA
	CITY			STATE	

19. LIST ANY TRADE, VOCATIONAL, OR BUSINESS SCHOOLS/INSTITUTES ATTENDED:

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF SCHOOL OR TRAINING	CITY	CERTIFICATE RECEIVED	
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF SCHOOL OR TRAINING	CITY	CERTIFICATE RECEIVED	
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF SCHOOL OR TRAINING	CITY	CERTIFICATE RECEIVED	

20. HAVE YOU EVER ATTENDED, FAILED OR DROPPED OUT OF A **POST** BASIC ACADEMY (POLICE OFFICER, DISPATCHER OR RESERVE)? ☐ YES ☐ NO

IF YES, PROVIDE THE FOLLOWING INFORMATION FOR EACH AGENCY:

A) TRAINING PRESENTER	FROM	TO
LOCATION (CITY / STATE)	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
B) TRAINING PRESENTER	FROM	TO
LOCATION (CITY / STATE)	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

21. WHILE IN THE ACADEMY, DID YOU LIE TO ANY INSTRUCTORS, CHEAT ON ANY TESTS OR SCENARIOS? ☐ YES ☐ NO

22. HAVE YOU EVER BEEN PLACED ON ACADEMIC DISCIPLINE, DETENTION, SUSPENDED, OR EXPELLED FROM ANY HIGH SCHOOL, COLLEGE/UNIVERSITY, BUSINESS OR TRADE SCHOOL? ☐ YES ☐ NO

23. WERE YOU INVOLVED IN A FIGHT WHILE IN HIGH SCHOOL OR COLLEGE? ☐ YES ☐ NO

24. DID YOU EVER DESTROY ANY SCHOOL PROPERTY? ☐ YES ☐ NO

25. DID YOU EVER THREATEN OR CAUSE INJURY TO A TEACHER OR ANY SCHOOL OFFICIAL? ☐ YES ☐ NO

IF YES TO ANY OF THE ABOVE QUESTIONS, DESCRIBE IN DETAIL BELOW. STARTING WITH HIGH SCHOOL, AND LIST THE CIRCUMSTANCES AT EACH SCHOOL.

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SECTION 4: RESIDENCE

26. LIST OF RESIDENCES

- LIST ALL RESIDENCES DURING THE LAST FIVE (5) YEARS OR SINCE AGE 15. PROVIDE *COMPLETE* ADDRESSES (INCLUDE MARKERS SUCH AS STREET, DRIVE, ROAD, EAST, WEST, ETC., AND UNIT OR APARTMENT NUMBER). DO NOT USE P.O. BOXES.
- IF THE RESIDENCE IS A MILITARY BASE, IDENTIFY NAME OF BASE IN ADDRESS, NEAREST CITY, STATE AND ZIP CODE. DO NOT LIST MILITARY BARRACKS MATES UNLESS YOU SHARED INDIVIDUAL QUARTERS.
- IF MORE SPACE IS NEEDED CONTINUE ON PAGE 24.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	TO PRESENT
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		

NAMES OF THOSE WITH WHOM YOU LIVE:

B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		

NAMES OF THOSE WITH WHOM YOU LIVED:

REASON FOR MOVING:

C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		

NAMES OF THOSE WITH WHOM YOU LIVED:

REASON FOR MOVING:

D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		

NAMES OF THOSE WITH WHOM YOU LIVED:

REASON FOR MOVING:

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SECTION 4: RESIDENCE *continued*

26. LIST OF RESIDENCES *continued*

E) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL	

NAMES OF THOSE WITH WHOM YOU LIVED:

REASON FOR MOVING:

F) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL	

NAMES OF THOSE WITH WHOM YOU LIVED:

REASON FOR MOVING:

G) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL	

NAMES OF THOSE WITH WHOM YOU LIVED:

REASON FOR MOVING:

H) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL	

NAMES OF THOSE WITH WHOM YOU LIVED:

REASON FOR MOVING:

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SECTION 4: RESIDENCE *continued*

27. PROVIDE CONTACT INFORMATION FOR ALL HOUSEMATES LISTED IN QUESTION 21 WITH WHOM YOU HAVE RESIDED DURING THE PAST 5 YEARS, OR SINCE THE AGE OF 15. DO NOT LIST ANYONE FOR WHOM YOU HAVE ALREADY PROVIDED CONTACT INFORMATION.

A) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP			
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
B) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP			
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
C) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP			
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
D) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP			
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
E) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP			
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
F) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP			
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

28. I AM A ☐ CITIZEN OF THE UNITED STATES ☐ PERMANENT RESIDENT ALIEN ☐ LIST OTHER _____

29. HAVE YOU EVER BEEN EVICTED OR ASKED TO LEAVE A RESIDENCE? ☐ YES ☐ NO

30. HAVE YOU EVER LEFT A RESIDENCE OWING RENT OR LATE PAYING RENT? ☐ YES ☐ NO

IF YOU ANSWERED YES TO **QUESTIONS 29 AND/OR 30**, EXPLAIN (INCLUDE WHEN, WHERE AND CIRCUMSTANCES):

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SECTION 5: EXPERIENCE AND EMPLOYMENT

31. JOB EXPERIENCE

- LIST **ALL** JOBS YOU HAVE HAD **WITHIN THE PAST FIVE (5) YEARS**, INCLUDING PART-TIME, TEMPORARY, SELF-EMPLOYMENT AND VOLUNTEER. (BEGIN WITH YOUR MOST CURRENT. IF MORE SPACE IS NEEDED CONTINUE YOUR RESPONSE ON PAGE 30.)
- IF YOU HAVE MILITARY EXPERIENCE, INCLUDING RESERVE DUTY, ENTER YOUR MILITARY BASE, ASSIGNMENTS, OR UNIT OF ASSIGNMENT.
- LIST **ALL** PERIODS OF UNEMPLOYMENT IN **EXCESS OF 30 DAYS**.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER			
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE			
WOULD THERE BE A PROBLEM IF WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, EXPLAIN:					

B) PERIOD OF UNEMPLOYMENT CHECK APPLICABLE: <input type="checkbox"/> STUDENT <input type="checkbox"/> BETWEEN JOBS <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER					FROM		TO	
--	--	--	--	--	------	--	----	--

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER			
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING			

D) PERIOD OF UNEMPLOYMENT CHECK APPLICABLE: <input type="checkbox"/> STUDENT <input type="checkbox"/> BETWEEN JOBS <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER					FROM		TO	
--	--	--	--	--	------	--	----	--

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER			
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING			

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

31. JOB EXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT CHECK APPLICABLE: <input type="checkbox"/> STUDENT <input type="checkbox"/> BETWEEN JOBS <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER					FROM	TO
--	--	--	--	--	------	----

G) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR		
CITY			STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE				EMAIL		
DUTIES / ASSIGNMENTS					<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT CHECK APPLICABLE: <input type="checkbox"/> STUDENT <input type="checkbox"/> BETWEEN JOBS <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER					FROM	TO
--	--	--	--	--	------	----

I) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR		
CITY			STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE				EMAIL		
DUTIES / ASSIGNMENTS					<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT CHECK APPLICABLE: <input type="checkbox"/> STUDENT <input type="checkbox"/> BETWEEN JOBS <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER					FROM	TO
--	--	--	--	--	------	----

K) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR		
CITY			STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE				EMAIL		
DUTIES / ASSIGNMENTS					<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT CHECK APPLICABLE: <input type="checkbox"/> STUDENT <input type="checkbox"/> BETWEEN JOBS <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER					FROM	TO
--	--	--	--	--	------	----

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

31. JOB EXPERIENCE *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING		

N) PERIOD OF UNEMPLOYMENT					FROM		TO	
CHECK APPLICABLE: <input type="checkbox"/> STUDENT <input type="checkbox"/> BETWEEN JOBS <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER								

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING		

P) PERIOD OF UNEMPLOYMENT					FROM		TO	
CHECK APPLICABLE: <input type="checkbox"/> STUDENT <input type="checkbox"/> BETWEEN JOBS <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER								

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING		

32. DID YOU LIST ALL POSITIONS YOU HAVE HELD IN THE PAST 10 YEARS, AS REQUESTED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
33. HAVE YOU INDICATED THE TRUE AND COMPLETE REASONS FOR LEAVING EACH OF YOUR PREVIOUS JOBS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
34. HAVE YOU EVER BEEN DISCIPLINED AT WORK? (THIS INCLUDES WRITTEN WARNINGS, FORMAL LETTERS OF COUNSELING, REPRIMANDS, SUSPENSIONS, REDUCTIONS IN PAY, REASSIGNMENTS OR DEMOTIONS)		<input type="checkbox"/> YES	<input type="checkbox"/> NO

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

31. JOB EXPERIENCE *continued*

35. HAVE YOU EVER BEEN FIRED, RELEASED FROM PROBATION, OR ASKED TO RESIGN FROM ANY PLACE OF EMPLOYMENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
36. WERE YOU EVER INVOLVED IN A PHYSICAL/VERBAL ALTERCATION WITH A SUPERVISOR, CO-WORKER, OR CUSTOMER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
37. HAVE YOU EVER QUIT WITHOUT GIVING PROPER NOTICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
38. DO YOU THINK YOU COULD RETURN TO WORK FOR ALL YOUR FORMER EMPLOYERS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
39. DID YOU LEAVE ANY JOB WITH HARD FEELINGS TOWARD THE MANAGEMENT OR CO-WORKERS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
40. HAVE YOU EVER RESIGNED IN LIEU OF TERMINATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
41. HAVE YOU EVER BEEN FINED ON ANY JOB?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
42. HAVE YOU EVER BEEN ACCUSED OF DISCRIMINATION (SUCH AS SEXUAL HARASSMENT, RACIAL BIAS, SEXUAL ORIENTATION HARASSMENT, ETC.) BY A CO-WORKER, SUPERIOR, SUBORDINATE OR CUSTOMER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
43. HAVE YOU EVER GIVEN FOOD, MERCHANDISE, OR ITEMS FROM YOUR WORK TO FAMILY OR FRIENDS WITHOUT PERMISSION FROM YOUR EMPLOYER? ...	<input type="checkbox"/> YES	<input type="checkbox"/> NO
44. HAVE YOU HAD ANY CITIZENS COMPLAIN ABOUT YOUR WORK PERFORMANCE AT A PLACE WHERE YOU WORKED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
45. HAVE YOU EVER STOLEN MONEY, MERCHANDISE AND/OR PROPERTY FROM A PLACE WHERE YOU WORKED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
46. HAVE YOU EVER BORROWED MONEY FROM AN EMPLOYER AND NOT PAID IT BACK?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
47. HAVE YOU EVER BEEN DISCIPLINED FOR INSUBORDINATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
48. HAVE YOU EVER GOTTEN INTO AN ARGUMENT AT WORK WHERE YOU RAISED YOUR VOICE OR STRUCK SOMEONE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
49. DID YOU DO ANYTHING ON ANY PAST JOB THAT YOU COULD HAVE BEEN FIRED FOR IF CAUGHT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
50. WERE YOU EVER THE SUBJECT FOR A WRITTEN COMPLAINT AT WORK?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
51. HAVE YOU EVER BEEN COUNSELED AT WORK DUE TO LATENESS OR ABSENCES? IF YES, HOW MANY TIMES? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
52. DURING YOUR BACKGROUND INVESTIGATION, IS ANYONE LIKELY TO REPORT NEGATIVE INFORMATION ABOUT YOU OR YOUR WORK PERFORMANCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
53. DID YOU EVER RECEIVE AN UNSATISFACTORY PERFORMANCE REVIEW?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
54. HAVE YOU EVER SOLD, RELEASED, OR GIVEN AWAY LEGALLY CONFIDENTIAL INFORMATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
55. HAVE YOU EVER CALLED IN SICK WHEN YOU WERE NEITHER SICK NOR CARING FOR A SICK FAMILY MEMBER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, HOW MANY SICK DAYS HAVE YOU USED IN THE PAST FIVE YEARS WHICH WERE NOT DUE TO ILLNESS? _____		

IF YOU ANSWERED YES TO ANY OF **QUESTIONS 32-49**, EXPLAIN (INCLUDE WHEN, WHERE AND CIRCUMSTANCES; INDICATE CORRESPONDING NUMBER, IF ADDITIONAL SPACE IS NEEDED PLEASE ADD INFORMATION ON LAST PAGE):

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

31. JOB EXPERIENCE *continued*

56. IN THE PAST THREE YEARS, HAVE YOU MISSED DAYS OR BEEN LATE TO WORK DUE TO DRUG OR ALCOHOL CONSUMPTION? ☐ YES ☐ NO
IF YES, HOW OFTEN? _____

57. HAS YOUR WORK PERFORMANCE EVER BEEN AFFECTED BY YOUR USE OF ALCOHOL OR DRUGS? ☐ YES ☐ NO

WHEN?	NAME OF EMPLOYER:
-------	-------------------

58. IN THE PAST THREE YEARS, HAVE YOU BEEN WARNED BY AN EMPLOYER ABOUT YOUR DRINKING OR DRUG HABITS AND THEIR IMPACT ON YOUR PERFORMANCE? ☐ YES ☐ NO

WHEN?	NAME OF EMPLOYER:
-------	-------------------

59. HAVE YOU **EVER** APPLIED TO ANY OTHER LAW ENFORCEMENT AGENCY (CITY, COUNTY, STATE OR FEDERAL)? ☐ YES ☐ NO

60. HAVE YOU EVER WORKED OR VOLUNTEERED FOR ANY LAW ENFORCEMENT AGENCY IN ANY CAPACITY?..... ☐ YES ☐ NO

61. HAVE YOU EVER BEEN TURNED DOWN AS "UNACCEPTABLE" BY A LAW ENFORCEMENT AGENCY?..... ☐ YES ☐ NO

62. HAVE YOU BEEN ON RIDE-ALONGS WITH ANY LAW ENFORCEMENT AGENCY? ☐ YES ☐ NO

- IF YES, LIST EVERY AGENCY YOU HAVE APPLIED TO, STARTING WITH THE MOST RECENT (GIVE COMPLETE AND ACCURATE ADDRESSES).
- **ALL AGENCIES MUST BE LISTED REGARDLESS OF THE OUTCOME OR CURRENT STATUS. CHECK ALL BOXES THAT APPLY FOR EACH AGENCY.**

A) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER ()	EXT
POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEPS: <input type="checkbox"/> APPLICATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> PHYSICAL ABILITY <input type="checkbox"/> ORAL <input type="checkbox"/> POLYGRAPH/CVSA <input type="checkbox"/> BACKGROUND <input type="checkbox"/> CHIEF'S ORAL <input type="checkbox"/> CONDITIONAL JOB OFFER					
STATUS: <input type="checkbox"/> HIRED <input type="checkbox"/> ON LIST <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED					

B) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER ()	EXT
POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEPS: <input type="checkbox"/> APPLICATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> PHYSICAL ABILITY <input type="checkbox"/> ORAL <input type="checkbox"/> POLYGRAPH/CVSA <input type="checkbox"/> BACKGROUND <input type="checkbox"/> CHIEF'S ORAL <input type="checkbox"/> CONDITIONAL JOB OFFER					
STATUS: <input type="checkbox"/> HIRED <input type="checkbox"/> ON LIST <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED					

C) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER ()	EXT
POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEPS: <input type="checkbox"/> APPLICATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> PHYSICAL ABILITY <input type="checkbox"/> ORAL <input type="checkbox"/> POLYGRAPH/CVSA <input type="checkbox"/> BACKGROUND <input type="checkbox"/> CHIEF'S ORAL <input type="checkbox"/> CONDITIONAL JOB OFFER					
STATUS: <input type="checkbox"/> HIRED <input type="checkbox"/> ON LIST <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED					

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SECTION 6: MILITARY EXPERIENCE

63. ARE YOU REQUIRED TO REGISTER FOR THE SELECTIVE SERVICE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, HAVE YOU REGISTERED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF NO, EXPLAIN:			
64. HAVE YOU EVER SERVED IN THE MILITARY, IF YES EXPLAIN BELOW.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
65. BRANCH OF SERVICE		66. DATES OF SERVICE FROM TO	
67. TYPE OF DISCHARGE: <input type="checkbox"/> ENTRY LEVEL <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> OTH (OTHER THAN HONORABLE) <input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> DISHONORABLE			
RE-ENTRY CODE (1-4) IF APPLICABLE – REFER TO YOUR DD-214:			
68. ARE YOU CURRENTLY PARTICIPATING IN ONE OF THE FOLLOWING: <input type="checkbox"/> MILITARY RESERVE <input type="checkbox"/> NATIONAL GUARD IF CHECK, DATE OBLIGATION ENDS: _____			
69. HAVE YOU EVER BEEN THE SUBJECT OF ANY JUDICIAL OR NON-JUDICIAL DISCIPLINARY ACTION (SUCH AS, COURT MARTIAL, CAPTAIN'S MAST, OFFICE HOURS, COMPANY PUNISHMENT)?.....		<input type="checkbox"/> YES	<input type="checkbox"/> NO
70. WERE YOU EVER DENIED A SECURITY CLEARANCE, OR HAD A CLEARANCE REVOKED, SUSPENDED OR DOWNGRADED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
71. DID YOU EVER GO AWOL?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
YEAR(S) _____	REASON		
72. DID YOU STEAL ANYTHING WHILE IN THE MILITARY		<input type="checkbox"/> YES	<input type="checkbox"/> NO
73. DID YOU RECEIVE ANY INJURIES WHILE IN THE MILITARY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
74. WERE YOU IN COMBAT WHILE SERVING IN THE MILITARY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YOU ANSWERED YES TO QUESTIONS 69 AND/OR 70 , EXPLAIN (INCLUDE DATES AND CIRCUMSTANCES):			

SECTION 7: FINANCIAL

75. INCOME AND EXPENSES
FOR EACH OF THE FOLLOWING QUESTIONS FILL IN THE AMOUNTS TO THE NEAREST DOLLAR.

A) FROM YOUR EMPLOYER(S), WHAT IS YOUR TAKE-HOME MONTHLY INCOME? \$ _____ PER MONTH

B) DO YOU HAVE INCOME OTHER THAN FROM YOUR SALARY OR WAGES? ☐ YES ☐ NO

IF YES, FILL IN AMOUNT: \$ _____ PER MONTH

EXPLAIN:

C) HOW MUCH DO YOU SPEND EACH MONTH? \$ _____ PER MONTH

ESTIMATE YOUR MONTHLY LIVING EXPENSES; INCLUDE HOUSING, UTILITIES, CREDIT CARDS OR OTHER LOAN PAYMENTS, FOOD, GAS AND CAR MAINTENANCE, ENTERTAINMENT, ETC., AS WELL AS ANY OTHER OBLIGATION(S) YOU MAY HAVE.

76. HAVE YOU EVER FILED FOR OR DECLARED BANKRUPTCY (CHAPTER 7, 11 OR 13)? ☐ YES ☐ NO

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SECTION 7: FINANCIAL, *continued*

77. HAVE ANY of YOUR bills EVER BEEN TURNED OVER TO A COLLECTION AGENCY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78. HAVE YOU EVER BEEN LATE PAYING RENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78. HAVE YOU EVER HAD PURCHASED GOODS REPOSSESSED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79. HAVE YOUR wages EVER BEEN GARNISHED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
80. HAVE YOU ever BEEN DELINQUENT ON INCOME OR OTHER TAX PAYMENTS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
81. HAVE YOU ever FAILED TO FILE INCOME TAX OR CHEATED/LIED ON AN INCOME TAX FORM?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
82. HAVE YOU EVER HAD AN EMPLOYMENT BOND refused?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
83. HAVE YOU WRITTEN THREE OR MORE BAD CHECKS IN A ONE-YEAR PERIOD?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
84. HAVE YOU EVER AVOIDED PAYING ANY LAWFUL DEBT BY MOVING AWAY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
85. HAVE YOU EVER DEFAULTED ON (FAILED TO PAY) A LOAN, INCLUDING STUDENTS LOANS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
86. HAVE YOU EVER BEEN THE PLAINTIFF, DEFENDANT, PETITIONER, OR RESPONDENT IN ANY CIVIL COURT ACTION, INCLUDING SMALL CLAIMS COURT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
87. HAVE YOU EVER BORROWED MONEY TO PAY FOR A GAMBLING DEBT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, DO YOU CURRENTLY HAVE ANY OUTSTANDING DEBTS AS A RESULT OF GAMBLING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
88. HAVE YOU EVER SPENT MONEY FOR ILLEGAL PURPOSES (E.G., ILLEGAL DRUGS, PROSTITUTION, PURCHASE OF FRAUDULENT DOCUMENTS, ETC.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
89. HAVE YOU EVER FAILED TO MAKE OR BEEN LATE ON A COURT-ORDERED PAYMENT (E.G., CHILD SUPPORT, ALIMONY, RESTITUTION, ETC.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
90. WHAT IS YOUR APPROXIMATE TOTAL INDEBTEDNESS? (ROUND TO THE NEAREST DOLLAR).....\$ _____		

IF YOU ANSWERED YES TO ANY OF **QUESTIONS 76-90**, EXPLAIN (INCLUDE WHEN, WHERE, AND WHY; INDICATE CORRESPONDING NUMBER):

SECTION 8: LEGAL

DISCLOSURE OF ARRESTS AND CONVICTIONS

IF YOU ARE APPLYING FOR A DISPATCHER POSITION AT A CRIMINAL JUSTICE AGENCY (AS DEFINED IN PENAL CODE 13101), YOU ARE REQUIRED TO REPORT DETENTIONS, ARRESTS, AND CONVICTIONS (PER LABOR CODE 432.7), EXCEPT WHERE SEALED OR EXPUNGED BY LAW. IF YOU ARE APPLYING FOR A DISPATCHER POSITION AT A NON-CRIMINAL JUSTICE AGENCY, YOU ARE NOT REQUIRED TO DISCLOSE ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION. **IT IS RECOMMENDED THAT YOU CONSULT WITH AN ATTORNEY IF YOU HAVE ANY QUESTIONS REGARDING DISCLOSURE.**

91. HAVE YOU EVER BEEN CONVICTED OF (AND, FOR CRIMINAL JUSTICE AGENCY APPLICANTS, DETAINED FOR INVESTIGATION, HELD ON SUSPICION, QUESTIONED, FINGERPRINTED, ARRESTED, INDICTED, OR CRIMINALLY CHARGED WITH) ANY MISDEMEANOR OR FELONY OFFENSE IN THIS STATE OR ANY OTHER LEGAL JURISDICTION (INCLUDING OFFENSES PUNISHABLE UNDER THE UNIFORM CODE OF MILITARY JUSTICE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

IF YES, EXPLAIN EACH INCIDENT. IF MORE SPACE IS NEEDED, CONTINUE ON PAGE 30

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

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SECTION 8: LEGAL, *continued*

B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

92. HAVE YOU EVER BEEN HELD, DETAINED, QUESTIONED, OR TAKEN INTO CUSTODY BY LAW ENFORCEMENT OFFICERS OR MILITARY AUTHORITIES FOR ANY REASON OTHER THAN MINOR TRAFFIC VIOLATIONS, INCLUDING AS A JUVENILE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
93. HAVE YOU EVER BEEN PLACED ON COURT PROBATION AS AN ADULT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
94. WERE YOU EVER REQUIRED TO APPEAR BEFORE A JUVENILE COURT FOR AN ACT WHICH WOULD HAVE BEEN A CRIME IF COMMITTED AS AN ADULT? (YOU MAY ANSWER "NO" IF YOUR JUVENILE RECORD HAS BEEN SEALED OR EXPUNGED BY THE JUVENILE COURT.).....	<input type="checkbox"/> YES <input type="checkbox"/> NO
95. HAVE YOU EVER BEEN A PARTY IN A CIVIL LAWSUIT (E.G., SMALL CLAIMS ACTIONS, DISSOLUTIONS, CHILD CUSTODY, PATERNITY, SUPPORT, ETC.)?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
96. HAVE YOU EVER BEEN THE SUBJECT OF A FEDERAL OR STAT CIVIL RIGHTS INVESTIGATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
YEAR(S) _____ EXPLAIN: _____	
97. HAVE YOU EVER HAD A WARRANT ISSUED FOR YOUR ARRESTS.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
98. HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME FOR ANY REASON OR HAVE YOU EVER BEEN A SUSPECT IN A POLICE INVESTIGATION	<input type="checkbox"/> YES <input type="checkbox"/> NO
99. HAV YOU EVER BEEN PLACED INTO PROTECTIVE CUSTODY	<input type="checkbox"/> YES <input type="checkbox"/> NO
100. OTHER THAN MINOR TRAFFIC VIOLATIONS, HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY TO A CRIMINAL ACT?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
101. HAVE YOU EVER BEEN ARRESTED AS AN ADULT OR JUVENILE OR HAVE YOU EVER BEEN CHARGED WITH A CRIME?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
102. HAVE YOU PETITIONED A COURT TO SEAL OR EXPUNGE A JUVENILE OR ADULT RECORD?	<input type="checkbox"/> YES <input type="checkbox"/> NO
99. ARE YOU NOW WANTED BY ANY LAW ENFORCEMENT AGENCY FOR ANY REASON OR ARE YOU CURRENTLY UNDER INVESTIGATION CONCERNING ANY ALLEGED VIOLATION OF THE LAW	<input type="checkbox"/> YES <input type="checkbox"/> NO
103. HAVE YOU EVER ACTED AS A "LOOKOUT" FOR SOMEONE WHO WAS COMMITTING A CRIME OR HAVE YOU EVER HELPED ANYONE ELSE STEAL ANYTHING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
104. DO YOU CURRENTLY KNOW THE WHEREABOUTS OF ANYONE WHO IS CURRENTLY WANTED BY A LAW ENFORCEMENT AGENCY FOR A SERIOUS FELONY CRIME? EXPLAIN:	<input type="checkbox"/> YES <input type="checkbox"/> NO
105. HAVE YOU EVER FRAUDULENTLY RETURNED MERCHANDISE TO A STORE OR HAVE YOU EVER FRAUDULENTLY PARTICIPATED IN PRICE SWITCHING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
106. HAVE YOU EVER COLLECTED OR RECEIVED UNEMPLOYMENT OR WELFARE BENEFITS, INCLUDING FOOD STAMPS, THAT YOU WERE NOT ENTITLED TO?	<input type="checkbox"/> YES <input type="checkbox"/> NO
107. HAVE YOU EVER FALSIFIED AN INCOME TAX RETURN?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
108. HAVE YOU EVER FALSELY REPORTED A CRIME?	<input type="checkbox"/> YES <input type="checkbox"/> NO
109. HAVE YOU EVER STOLEN A MOTOR VEHICLE OR HAVE YOU EVER BEEN THE DRIVER OR PASSENGER IN A VEHICLE TAKEN WITHOUT PERMISSION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
110. HAVE YOU OR YOUR SPOUSE/PARTNER ever BEEN REFERRED TO CHILD PROTECTIVE SERVICES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
111. HAVE YOU EVER SHOPLIFTED ANYTHING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
112. HAVE YOU EVER COMMITTED ANY TYPE OF VANDALISM, INCLUDING TAGGING, GRAFFITI, OR CAUSING OTHER PROPERTY DAMAGE OR HAVE YOU EVER ILLEGALLY DAMAGED OR DESTROYED PROPERTY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
113. OTHER THAN MINOR TRAFFIC MATTERS, HAVE YOU BEEN INVOLVED IN ANY CRIMINAL ACTIVITY AND NOT BEEN CAUGHT?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
114. HAVE YOU EVER CAUSED OR THREATENED TO PHYSICALLY HARM SOMEONE.....	<input type="checkbox"/> YES <input type="checkbox"/> NO

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SECTION 8: LEGAL, *continued*

115. HAVE YOU EVER ILLEGALLY REMOVED PROPERTY FROM AN ABANDONED BUILDING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
116. HAVE YOU EVER ILLEGALLY REMOVED THE SERIAL NUMBER FROM ANY ITEM?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
117. HAVE YOU EVER BEEN INVOLVED IN IDENTITY THEFT OR FORGED SOMEONE'S SIGNATURE FOR FRAUDULENT PURPOSES?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
118. HAVE YOU EVER COUNTERFIETED ANY DOCUMENT, INCLUDING MONEY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
119. HAVE YOU EVER SOLD OR PURCHASED STOLEN PROPERTY YOU SUSPECTED MIGHT HAVE BEEN STOLEN?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
120. SINCE AGE 18, HAVE YOU COMMITTED ANY CRIME OR BEEN INVOLVED IN ANY ACTIVITY YOU COULD HAVE BEEN ARRESTED FOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
121. HAVE YOU EVER ILLEGALLY CARRIED A FIREARM? HAVE YOU EVER ILLEGALLY DISCHARGED A FIREARM?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
122. HAVE YOU EVER DELIBERATELY AND MALICIOUSLY INJURED AN ANIMAL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
123. HAVE YOU EVER COMMITTED ANY FORM OF SEXUAL CRIME?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
124. HAVE YOU EVER PAID ANYONE FOR ANY FORM OF SEX OR SEXUAL ACTIVITY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
125. HAS ANYONE ELSE PAID SOMEONE TO HAVE ANY FORM OF SEX WITH YOU?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
126. HAVE YOU HAD ANY FORM OF SEX WITH ANYONE UNDER THE AGE OF 18?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
127. HAVE YOU HAD ANY FORM OF SEXUAL CONTACT WITH AN ANIMAL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
128. HAVE YOU EVER HAD SEX WITH A DEAD PERSON OR A PERSON WHO IS IN A COMA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
129. HAVE YOU EVER HAD SEX WITH A PERSON WHO WAS UNABLE TO GIVE LEGAL CONSENT DUE TO BEING UNDER THE INFLUENCE OF DRUGS, ALCOHOL, UNCONSCIOUSNESS, OR FOR ANY REASON?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
130. HAVE YOU EVER VIEWED CHILD PORNOGRAPHY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
131. HAVE YOU EVER BEEN INVOLVED IN PIMPING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
132. HAVE YOU EVER SEXUALLY TOUCHED OR COMMITTED A SEX ACT WITH A CHILD?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
133. HAVE YOU EVER COMMITTED A SEX ACT IN PUBLIC?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
134. HAVE YOU EVER FORCED OR COERCED SOMEONE TO HAVE SEX WITH YOU?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
135. HAVE YOU EVER EXPOSED YOURSELF IN PUBLIC FOR SEXUAL REASONS?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
127. HAVE YOU EVER COMMITTED THE ACT OF "PEEPING TOM"?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
136. HAVE YOU EVER COMMITTED A SEX ACT WHILE ON THE JOB?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
137. HAVE YOU EVER HAD SEXUAL CONVERSATION WITH A MINOR OVER THE INTERNET?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
138. HAVE YOU EVER ATTEMPTED TO ARRANGE A SEXUAL ENCOUNTER WITH A MINOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
139. DO YOU VIEW PORN ON THE INTERNET OR OWN CD'S OR TAPES? EXPLAIN AMOUNT OF TIMES YOU VIEW PORN PER WEEK, MONTH OR YEAR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
140. HAVE YOU EVER BEEN THE SUBJECT OF AN EMERGENCY PROTECTIVE ORDER/RESTRAINING ORDER/STAY-AWAY ORDER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
141. HAVE YOU SETTLED ANY CIVIL SUIT IN WHICH YOU, YOUR INSURANCE COMPANY, OR ANYONE ELSE ON YOUR BEHALF WAS REQUIRED TO MAKE PAYMENT TO THE OTHER PARTY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
142. HAVE YOU EVER FRAUDULENTLY RECEIVED WELFARE, UNEMPLOYMENT COMPENSATION, WORKERS' COMPENSATION, OR OTHER STATE OR FEDERAL ASSISTANCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
143. HAVE YOU EVER FILED A FALSE INSURANCE OR WORKERS' COMPENSATION CLAIM?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IF YOU ANSWERED YES TO ANY OF **QUESTIONS 63–71**, EXPLAIN (INCLUDE COURT CASE OR DOCUMENT, DATES, AND CIRCUMSTANCES; INDICATE CORRESPONDING NUMBER):

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SECTION 8: LEGAL, *continued*

144. INVOLVEMENT IN CRIMINAL ACTS – PART 1 AT ANY TIME IN YOUR LIFE HAVE YOU <i>EVER</i> COMMITTED THE FOLLOWING MISDEMEANORS? NOTE: YOU MAY <u>NOT</u> WITHHOLD ANY INFORMATION REGARDING YOUR INVOLVEMENT IN ANY OF THE FOLLOWING ACTS, EVEN IF FEDERAL OR STATE LAW RELIEVED YOU FROM REPORTING THE DETENTION, ARREST, OR CONVICTION THAT AROSE FROM IT.		
A) ANNOYING / OBSCENE PHONE CALLS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B) BATTERY (USE OF FORCE OR VIOLENCE UPON ANOTHER)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C) BRANDISHING A WEAPON (ANY TYPE OF WEAPON)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D) CARRYING A CONCEALED WEAPON WITHOUT A PERMIT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
E) CONTRIBUTING TO THE DELINQUENCY OF A MINOR	<input type="checkbox"/> YES	<input type="checkbox"/> NO
F) DEFRAUDING AN INNKEEPER (NOT PAYING FOR FOOD OR ROOM AT A HOTEL/MOTEL)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
G) DRIVING UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
H) DRUNK IN PUBLIC (BEING SO INTOXICATED IN A PUBLIC PLACE THAT YOU'RE NOT ABLE TO CARE FOR YOURSELF)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I) HIT & RUN COLLISION (NO INJURIES)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
J) HUNTING/FISHING WITHOUT A LICENSE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
K) ILLEGAL GAMBLING	<input type="checkbox"/> YES	<input type="checkbox"/> NO
L) IMPERSONATING A PEACE OFFICER (PRETENDING TO BE A POLICE OFFICER)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
M) INDECENT EXPOSURE (INCLUDING FLASHING OR MOONING)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
N) JOYRIDING (USING A CAR OR OTHER VEHICLE WITHOUT OWNER'S PERMISSION)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
O) PETTY THEFT (VALUE UP TO \$950, INCLUDING SHOPLIFTING/SWITCHING PRICE TAGS)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
P) POSSESSION OF ALCOHOL AS A MINOR	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q) POSSESSION OF FALSIFIED OR ALTERED IDENTIFICATION, INCLUDING USE OF ANOTHER PERSON'S ID (FOR ANY REASON)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
R) POSSESSION OF STOLEN PROPERTY (INCLUDING VEHICLES)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
S) PROSTITUTION OR SOLICITING A PROSTITUTE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
T) RESISTING ARREST (INCLUDING RUNNING FROM THE POLICE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
U) TRESPASSING	<input type="checkbox"/> YES	<input type="checkbox"/> NO
V) VANDALISM (INCLUDING "TAGGING," MALICIOUS MISCHIEF AND/OR PROPERTY DAMAGE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
W) INTENTIONALLY WRITING A BAD CHECK.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
X) FILING A FALSE POLICE REPORT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Y) ANY OTHER ACT AMOUNTING TO A MISDEMEANOR WITHIN THE PAST SEVEN YEARS.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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SECTION 8: LEGAL, *continued*

144. INVOLVEMENT IN CRIMINAL ACTS – PART 1, *continued*

IF YOU ANSWERED YES TO **ANY** ITEM(S) IN **QUESTION 144**, FULLY EXPLAIN CIRCUMSTANCES, INCLUDING DATE(S), NAMES OF INDIVIDUALS INVOLVED, AND RESOLUTION. INDICATE THE CORRESPONDING LETTER (*144-A, ETC.*) FOR EACH EXPLANATION.

145. INVOLVEMENT IN CRIMINAL ACTS – PART 2

AT ANY TIME IN YOUR LIFE HAVE YOU EVER COMMITTED OR HAVE YOU MADE SERIOUS PLANS TO COMMIT ANY OF THE FOLLOWING? NOTE: YOU MAY NOT WITHHOLD ANY INFORMATION REGARDING YOUR INVOLVEMENT IN ANY OF THE FOLLOWING ACTS, EVEN IF FEDERAL OR STATE LAW RELIEVED YOU FROM REPORTING THE DETENTION, ARREST, OR CONVICTION THAT AROSE FROM IT.

- | | | |
|--|------------------------------|-----------------------------|
| A) ARSON (INTENTIONALLY DESTROYING PROPERTY BY SETTING A FIRE) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| B) ASSAULT WITH A DEADLY WEAPON | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| C) THEFT OF A VEHICLE AND/OR VEHICLE PARTS | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| D) BURGLARY (ENTERING A STRUCTURE OR VEHICLE TO COMMIT THEFT OR OTHER CRIME) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| E) CHILD MOLESTATION (PERFORMING UNLAWFUL ACTS WITH A CHILD) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| F) ACCESSING AND/OR POSSESSING CHILD PORNOGRAPHY | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| G) ELDER ABUSE/NEGLECT | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| H) EMBEZZLEMENT (THEFT OF MONEY OR OTHER VALUABLES ENTRUSTED TO YOU) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I) FELONY DRUNK DRIVING (INVOLVING INJURIES) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| J) FORCIBLE RAPE OR OTHER ACT OF UNLAWFUL INTERCOURSE | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| K) FORGERY (FALSIFYING ANY TYPE OF DOCUMENT, CHECK CERTIFICATE, LICENSE, CURRENCY, ETC.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| L) HIT & RUN (WITH INJURIES) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| M) HATE CRIME | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| N) INSURANCE FRAUD | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| O) GRAND THEFT (VALUE OF OVER \$950, OR ANY FIREARM) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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SECTION 8: LEGAL, *continued*

145. INVOLVEMENT IN CRIMINAL ACTS – PART 2, *continued*

P) MURDER, HOMICIDE, OR ATTEMPTED MURDER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q) PERJURY (LYING UNDER OATH)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
R) POSSESSION OF AN EXPLOSIVE/DESTRUCTIVE DEVICE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
S) ROBBERY (THEFT FROM ANOTHER PERSON USING A WEAPON, FORCE, OR FEAR)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
T) STALKING	<input type="checkbox"/> YES	<input type="checkbox"/> NO
U) BLACKMAIL OR EXTORTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
V) ANY OTHER ACT AMOUNTING TO A FELONY	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IF YOU ANSWERED YES TO **ANY** ITEM(S) IN **QUESTION 145**, FULLY EXPLAIN CIRCUMSTANCES, INCLUDING DATE(S), NAMES OF INDIVIDUALS INVOLVED, AND RESOLUTION. INDICATE THE CORRESPONDING LETTER (145-A, ETC.) FOR EACH EXPLANATION.

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SECTION 8: LEGAL *continued*

QUESTIONS 147 AND 148 ASK ABOUT YOUR CURRENT AND PAST RECREATIONAL DRUG USE. THIS COVERS THE USE OF ANY DRUG, INCLUDING THE UNAUTHORIZED USE OF PRESCRIPTION DRUGS OR OVER-THE-COUNTER DRUGS. YOUR ANSWERS SHOULD INCLUDE, **BUT NOT BE LIMITED TO**, YOUR USE OF ANY OF THE FOLLOWING DRUGS:

- | | | |
|--|---|------------------------------|
| – AMPHETAMINES / METHAMPHETAMINES
(UPPERS, SPEED, CRANK, ETC) | – GLUE | – Mescaline |
| – BARBITURATES (DOWNERS) | – HALLUCINOGENS
(PEYOTE, LSD, MUSHROOMS) | – MORPHINE |
| – COCAINE / CRACK COCAINE | – HASHISH / HASHISH OIL | – PCP / ANGEL DUST |
| – DESIGNER DRUGS
(ECSTASY, SYNTHETIC HEROIN, ETC.) | – HEROIN / OPIUM | – QUAAALUDES |
| – GHB (DATE RAPE DRUG) | – MARIJUANA | – STEROIDS |
| | | – TETRAHYDROCANNABINOL (THC) |

147. **WITHIN THE PAST SIX MONTHS**, HAVE YOU USED ANY DRUG(S) AS INDICATED ABOVE?

☐ YES ☐ NO

IF YES, GIVE DETAILS, INCLUDING DRUG(S) USED AND CIRCUMSTANCES:

148. **PRIOR TO THE PAST SIX MONTHS** (CHECK ALL THAT APPLY):

☐ I HAVE NEVER USED ANY DRUG RECREATIONALLY.

☐ I HAVE TRIED OR USED ONE OR MORE DRUGS, BUT ONLY UNDER LIMITED CIRCUMSTANCES (FOR EXAMPLE, EXPERIMENTATION, AT PARTIES, CONCERTS, SPECIAL EVENTS, ETC.).

IF CHECKED, GIVE DETAILS INCLUDING DRUG(S) USED, MOST RECENT DATE USED, AND CIRCUMSTANCES.

149. HAVE YOU EVER ENGAGED IN ANY OF THE ACTIVITIES LISTED BELOW FOR DRUGS, NARCOTICS OR ILLEGAL SUBSTANCES, INCLUDING MARIJUANA?

- | | | |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> SOLD | <input type="checkbox"/> PURCHASED | <input type="checkbox"/> CULTIVATED |
| <input type="checkbox"/> MANUFACTURED | <input type="checkbox"/> FURNISHED | <input type="checkbox"/> CARRIED OR HELD FOR ANOTHER |

IF YOU CHECKED ANY ITEMS ABOVE, GIVE DETAILS INCLUDING DRUG(S) INVOLVED, OVER WHAT TIME PERIOD(S), AND CIRCUMSTANCES.

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SECTION 8: LEGAL *continued*

150. HAVE YOU EVER TOLD SOMEONE WHERE THEY COULD GET OR BUY DRUGS ILLEGALLY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
151. HAVE YOU EVER BEEN PRESENT WHEN ANYONE ILLEGALLY USED DRUGS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
152. HAVE YOU EVER BEEN PRESENT WHEN DRUGS WERE BEING ILLEGALLY COOKED OR MANUFACTURED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
153. HAVE YOU EVER BEEN PRESENT WHEN DRUGS WERE BEING ILLEGALLY PACKAGED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
154. HAVE YOU EVER BEEN PRESENT WHEN DRUGS WERE BEING ILLEGALLY TRANSPORTED FOR SALES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
YEAR(S) _____ EXPLAIN _____		
155. HAVE YOU ILLEGALLY HELD OR STORED ANY UNLAWFUL STREET DRUG, NARCOTIC OR CONTROLLED SUBSTANCE FOR ANYONE?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
156. ARE THERE ANY DRUGS OR NARCOTICS ILLEGALLY IN YOUR HOME OR CAR TODAY?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
157. DO YOU HAVE FRIENDS OR ACQUAINTANCES WHO USE DRUGS ILLEGALLY, INCLUDING PRESCRIBED DRUGS FOR WHICH THEY DO NOT HAVE A PRESCRIPTION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
158. HAVE YOU EVER PAID MONEY OR GIVEN ANYTHING OF VALUE FOR ILLEGAL DRUGS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
159. HAVE YOU EVER CULTIVATED OR ASSISTED IN THE CULTIVATION OF ANY MARIJUANA OR OTHER DRUGS ILLEGALLY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
160. DO YOU KNOW THE LOCATION OF WHERE MARIJUANA IS BEING CULTIVATED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
161. HAVE YOU EVER BEEN THE "MIDDLE MAN" IN AN ILLEGAL DRUG DEAL?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
162. HAVE YOU EVER USED ANY DRUG ILLEGALLY AT WORK OR JUST BEFORE GOING TO WORK?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
YEAR(S) _____ EXPLAIN _____		
163. HAS ANYONE, OTHER THAN A MEDICAL PERSON, EVER INJECTED ANYTHING INTO YOUR BODY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
YEAR(S) _____ EXPLAIN _____		
164. DO YOU OBJECT OT OTHERS USING DRUGS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
165. IF YOU WERE A PEACE OFFICER AND YOU SAW A PERSON USING AN ILLEGAL DRUG OR UNLAWFULLY USING A PRESCRIPTON DRUG, WOULD YOU MAKE AN ARREST IF THAT PERSON WAS:		
A). A FAMILY MEMBER?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B). A FRIEND?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. AN ACQUAINTANCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D. A STRANGER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
166. HAVE YOU EVER MISUSED OR ABUSED ANY PRESCRIPTION DRUG?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
167. HAVE YOU EVER FORGED OR ALTERED A PRESCRIPTION WHETHER FOR YOURSELF OR FOR SOMEONE ELSE?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
168. HAVE YOU EVER USED MARIJUANA? APPROXIMATELY THE LAST TIME USED WAS.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
YEAR(S) _____ TIMES USED _____		
169. HAVE YOU EVER USED COCAINE? APPROXIMATELY THE LAST TIME USED WAS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
YEAR(S) _____ TIMES USED _____		
170. HAVE YOU EVER USED LSD? APPROXIMATELY THE LAST TIME USED WAS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
YEAR(S) _____ TIMES USED _____		
171. HAVE YOU EVER USED HEROIN? APPROXIMATELY THE LAST TIME USED WAS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
YEAR(S) _____ TIMES USED _____		
172. HAVE YOU EVER USED OPIUM? APPROXIMATELY THE LAST TIME USED WAS.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
YEAR(S) _____ TIMES USED _____		
173. HAVE YOU EVER USED ECSTACY? APPROXIMATELY THE LAST TIME USED WAS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
YEAR(S) _____ TIMES USED _____		
174. HAVE YOU EVER PURCHASED CHEMICALS OR OTHER MATIONALS FOR THE MANUFACTURE OF ILLEGAL DRUGS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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SECTION 8: LEGAL *continued*

175. DOES ANYONE YOU LIVE WITH USE ILLEGAL DRUGS? ☐ YES ☐ NO

176. DO YOU CURRENTLY ASSOCIATE WITH ANYONE WHO USES ILLEGAL DRUGS? ☐ YES ☐ NO
EXPLAIN:

177. HAVE YOU EVER SNIFFED PAINT, GLUE, OR ANY OTHER ILLEGAL INHALANT? ☐ YES ☐ NO

178. HAVE YOU EVER USED HASHISH? ☐ YES ☐ NO

SECTION 9: MOTOR VEHICLE OPERATION

179. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
--------------------------------------	----------------	-----------------	--------------------------------------

180. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

STATE OF ISSUE	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED AND LICENSE NUMBER, IF KNOWN
----------------	-----------------	---

181. HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE BY ANY STATE OR EVER HAD A LICENSE ISSUED BY ANOTHER STATE? ☐ YES ☐ NO

IF YES, EXPLAIN (INCLUDE WHEN, WHERE, AND CIRCUMSTANCES):

182. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? ☐ YES ☐ NO

IF YES, EXPLAIN (INCLUDE WHEN, WHERE, AND CIRCUMSTANCES):

183. LIST ALL TRAFFIC CITATIONS, EXCLUDING PARKING CITATIONS, YOU HAVE RECEIVED WITHIN THE PAST SEVEN YEARS:

A) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED MONTH YEAR	ACTION TAKEN <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> TRAFFIC SCHOOL <input type="checkbox"/> DISMISSED		
B) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED MONTH YEAR	ACTION TAKEN <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> TRAFFIC SCHOOL <input type="checkbox"/> DISMISSED		
C) NATURE OF VIOLATION	location (street)	CITY	STATE
DATE VIOLATION OCCURRED MONTH YEAR	ACTION TAKEN <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> TRAFFIC SCHOOL <input type="checkbox"/> DISMISSED		

SECTION 9: MOTOR VEHICLE OPERATION, continued

183. LIST ALL TRAFFIC CITATIONS, *continued*

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D) HAS A TRAFFIC CITATION EVER RESULTED IN A WARRANT OR CAUSED YOUR DRIVER'S LICENSE TO BE WITHHELD DUE TO THE FOLLOWING? (CHECK ALL THAT APPLY.)	
<input type="checkbox"/> FAILED TO APPEAR	<input type="checkbox"/> FAILED TO COMPLETE TRAFFIC SCHOOL <input type="checkbox"/> FAILED TO PAY THE REQUIRED FINE
IF CHECKED, EXPLAIN CIRCUMSTANCES:	

184. HAVE YOU EVER DRIVEN A VEHICLE WITHOUT AUTO INSURANCE, AS REQUIRED BY LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, GIVE REASON:				
DATE MONTH YEAR	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
185. HAVE YOU EVER BEEN REFUSED AUTOMOBILE LIABILITY INSURANCE OR A BOND, HAD THEM CANCELLED OR LABELED "ASSIGNED RISK"? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, GIVE REASON:			INSURANCE COMPANY	
DATE MONTH YEAR	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

186. HAVE YOU EVER BEEN THE DRIVER INVOLVED A TRAFFIC COLLISION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, EXPLAIN (INCLUDE WHEN, WHERE, AND CIRCUMSTANCES ALL COLLISIONS WITHIN THE PAST 7 YEARS):	

187. HAVE YOU EVER DRIVEN A VEHICLE WITHOUT A LICENSE TO DRIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
188. DO YOU NOW HAVE INSURANCE AS REQUIRED BY LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
189. HAVE YOU EVER HAD A FAILURE TO APPEAR OR FAILURE TO PAY ON A TRAFFIC CITATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
190. HAVE YOU EVER CAUSED SOMEONE INJURY OR DEATH BY YOUR OPERATION OF A MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO YEAR(S) _____ EXPLAIN: _____	
191. HAVE YOU EVER BEEN CITED FOR "MINOR IN POSSESSION OF ALCOHOL" WHILE DRIVING? <input type="checkbox"/> YES <input type="checkbox"/> NO YEAR(S) _____	
192. HAVE YOU EVER BEEN CITED FOR OPEN CONTAINER? <input type="checkbox"/> YES <input type="checkbox"/> NO YEAR(S) _____	
193. HAVE YOU EVER POSSESSED OR ALLOWED OTHERS TO POSSESS AN OPEN CONTAINER OR ALCOHOL IN A VEHICLES? <input type="checkbox"/> YES <input type="checkbox"/> NO YEAR(S) _____	
194. HAVE YOU EVER BEEN PRESENT OR INVOLVED IN AN ILLEGAL STREET RACE? <input type="checkbox"/> YES <input type="checkbox"/> NO YEAR(S) _____	
195. DO YOU ASSOCIATE WITH ANY GROUP OR ORGANIZATION THAT PROMOTES ILLEGAL STREET RACING? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 10: OTHER TOPICS	
196. HAVE YOU EVER BEEN REFUSED A PERMIT TO CARRY A CONCEALED WEAPON? <input type="checkbox"/> YES <input type="checkbox"/> NO	
197. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OR ASSOCIATE OF A CRIMINAL ENTERPRISE, STREET GANG, OR ANY OTHER GROUP THAT ADVOCATES VIOLENCE AGAINST INDIVIDUALS BECAUSE OF THEIR RACE, RELIGION, POLITICAL AFFILIATION, ETHNIC ORIGIN, NATIONALITY, GENDER, SEXUAL PREFERENCE, OR DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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PERSONAL HISTORY STATEMENT – Fresno Police Department
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SECTION 10: OTHER TOPICS, *continued*

198. HAVE YOU EVER BELONGED TO ANY GROUP THAT THREATENED TO OVERTHROW ANY GOVERNMENT? ☐ YES ☐ NO

199. DO YOU HAVE, OR HAVE YOU EVER HAD, A TATTOO SIGNIFYING MEMBERSHIP IN, OR AFFILIATION WITH, A CRIMINAL ENTERPRISE, STREET GANG, OR ANY OTHER GROUP THAT ADVOCATES VIOLENCE AGAINST INDIVIDUALS BECAUSE OF THEIR RACE, RELIGION, POLITICAL AFFILIATION, ETHNIC ORIGIN, NATIONALITY, GENDER, SEXUAL PREFERENCE, OR DISABILITY? ☐ YES ☐ NO

200. SINCE THE AGE OF 16, HAVE YOU EVER BEEN INVOLVED IN AN ANGER-PROVOKED PHYSICAL FIGHT, CONFRONTATION OR OTHER VIOLENT ACT? ☐ YES ☐ NO

201. HAVE YOU EVER HIT OR PHYSICALLY OVERPOWERED A SPOUSE OR ROMANTIC PARTNER? ☐ YES ☐ NO

202. HAVE YOU STRUCK OR INJURED ANY PERSON OTHER THAN WORK-RELATED OR A SPORTING EVENT? ☐ YES ☐ NO

203. HAVE YOU BEEN IN A BAR FIGHT? ☐ YES ☐ NO

204. OTHER THAN IN WARFARE, HAVE YOU BEEN INVOLVED IN A VIOLENT INCIDENT, SUCH AS A SHOOTING, KNIFING, OR FIGHT WHERE SOMEONE WAS INJURED OR KILLED? ☐ YES ☐ NO

205. HAVE YOU EVER DISCLOSED CONFIDENTIAL INFORMATION THAT CAUSED HARM TO ANY PERSON? ☐ YES ☐ NO

206. HAVE YOU EVER PSYCHOLOGICALLY OR EMOTIONALLY ABUSED OR INJURED ANY PERSON? ☐ YES ☐ NO

207. DO YOU HAVE AN ANGER PROBLEM? ☐ YES ☐ NO

208. HAVE YOU EVER DESTROYED PROPERTY OUT OF ANGER? ☐ YES ☐ NO

209. ARE YOU AFRAID OF PHYSICALLY FIGHTING SOMEONE? ☐ YES ☐ NO

210. WOULD YOU BE AFRAID TO TRY TO ARREST SOMEONE ☐ YES ☐ NO

211. OTHER THAN YOUR PARENTS, HAVE YOU EVER LIED TO SOMEONE IN AUTHORITY TO STAY OUT OF TROUBLE? ☐ YES ☐ NO

212. DO YOU BELIEVE YOU CAN TAKE ORDERS FROM YOUR SUPERVISORS WITHOUT RESENTMENT? ☐ YES ☐ NO

213. IS THERE ANYTHING AT ALL IN YOUR BACKGROUND ABOUT WHICH YOU HAVE NOT BEEN ASKED THAT MIGHT ELIMINATE YOU FROM CONSIDERATION FOR EMPLOYMENT? ☐ YES ☐ NO

214. HAVE YOU EVER BORROWED, STOLE, OR SOLD STOLEN PROPERTY FOR MONEY TO GAMBLE? ☐ YES ☐ NO

215. HAVE YOU EVER BORROWED MONEY TO PAY A GAMBLING DEBT? ☐ YES ☐ NO

216. HAVE YOU EVER USED A "BOOKIE" TO GAMBLE? ☐ YES ☐ NO

217. HAVE YOU EVER PLACED AN ILLEGAL BET? ☐ YES ☐ NO

218. DO YOU HAVE A GAMBLING DEBT NOW? ☐ YES ☐ NO

219. WHAT IS THE MOST YOU HAVE EVER WON GAMBLING AT ONE TIME? _____

220. WHAT IS THE MOST YOU HAVE EVER LOST GAMBLING AT ONE TIME? _____

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IF YOU ANSWERED YES TO ANY OF QUESTIONS 196-220, GIVE DETAILS INCLUDING DATES AND CIRCUMSTANCES; INDICATE CORRESPONDING NUMBER.

SECTION 11: CERTIFICATION

I HEREBY CERTIFY THAT I HAVE PERSONALLY COMPLETED AND INITIALED EACH PAGE OF THIS FORM AND ANY SUPPLEMENTAL PAGE(S) ATTACHED, AND THAT ALL STATEMENTS MADE ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISSTATEMENT OF MATERIAL FACT MAY SUBJECT ME TO DISQUALIFICATION; OR, IF I HAVE BEEN APPOINTED, MAY DISQUALIFY ME FROM CONTINUED EMPLOYMENT.

SIGNATURE IN FULL

DATE

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• USE THIS SPACE TO PROVIDE INFORMATION THAT DOES NOT FIT ELSEWHERE ON THIS FORM (E.G., ADDITIONAL FAMILY MEMBERS, SCHOOLS, RESIDENCES, EMPLOYERS, EXPLANATIONS TO QUESTIONS, ETC.). IDENTIFY THE CORRESPONDING QUESTION AND SPECIFIC ITEM BEING REFERENCED.

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